

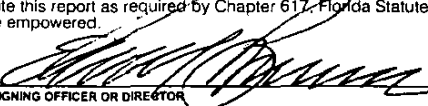


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 008 ****61.25

DOCUMENT # P29888 1. Entity Name ARISE FOUNDATION, INC.					
Principal Place of Business 601 HERITAGE DRIVE SUITE 211 JUPITER, FL 33458				Mailing Address 601 HERITAGE DRIVE SUITE 211 JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P O Box 2147 Suite, Apt. #, etc.		20008069 	
City & State Zip		City & State Jupiter, Florida Zip 33468		4. FEI Number 59-2744449 Applied For <input type="checkbox"/> Not Applicable	
Country Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENSON, EDMUND 243 HONEYSUCKLE DR JUPITER, FL 33458				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BENSON, EDMUND 243 HONEYSUCKLE DR JUPITER, FL 334582843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASANA, JANVIER 7642 N W 19 St, Pembroke Pines, Florida 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BENSON, EDMUND 243 HONEYSUCKLE DR JUPITER, FL 334582843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florida 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEEGERS, BERT 1102 BETTON ROAD TALLAHASSEE, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAACS, YASMIN 310 Newhaven Blvd. Jupiter Florida 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MELVIA B JUDGE 2001 SW 117 AVE MIAMI, FL 33175	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florida 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, IRA 26 FIELDSTONE DRIVE #1A HARTSDALE, NY 10530	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	90 Leif Drive Congers, NY 10920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, JANE 108 CREEKS EDGE CHAPEL HILL, NC 27516	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: EDMUND BENSON					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/28/07 561-493-8107 Daytime Phone #		